

***NOTE: This form can be filled out online then printed.

Year of Certification: _____

Date of Certification: _____

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
SPECIAL LICENSES & FIREARMS UNIT

Professional Bondsman
Annual Report Certification

Type or Print Name of Bondsman

License No: _____

The attached report pages, in addition to the monthly reports that I have filed, comprises my entire annual report for the calendar year specified above. I have been advised that if any information provided herein is false or misleading, I will be subject to prosecution under 53a-157 of the Connecticut General Statutes.

(Signature of licensed Bondsman)

Subscribed and sworn to before me at _____, Connecticut, this _____ day of

_____ 20_____

☐ Notary Public
☐ Justice of the Peace
☐ Commissioner of the Supreme Court

My Commission expires on _____